

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

MAR 13 1937

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City (No. Merry Hospital)

Registration District No. 299
Primary Registration District No. 299

File No. 6588

Registered No. 977 St. 977 Ward)

2. FULL NAME Patricia Thornton

(a) Residence, No. 1315 E. 8th St. K.C. Mo. St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY)

13. NAME Bernard Thornton

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

15. MAIDEN NAME Mary Unknown

16. BIRTHPLACE (CITY OR TOWN) No Record (STATE OR COUNTRY)

17. INFORMANT Bernard Thornton (ADDRESS) 1315 East 8th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Feb. 23, 1937

19. UNDERTAKER Mar C. J. Chorster (ADDRESS) 912 Broadway

20. FILED 2-23-37 M. M. C. Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-16, 1937, to 2-22, 1937

I last saw her alive on 2-22-37, 1937. Death is said to have occurred on the date stated above, at 2 A.M.
The principal cause of death and related causes of importance were as follows:

Influenza Broncho Pneumonia Date of onset 2-12-37

Other contributory causes of importance: Bilateral Otitis media 2-16-37

Name of operation none Date of 2-16-37
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 19
Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Harry E. Em M. D.
(Address) 816 East 12th St. Kansas City

